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DEVOTED TO

DENTAL AND ORAL SCIENCE.

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Original Communications.

CONTRIBUTIONS TO THE HISTORY OF DEVELOPMENT OF THE TEETH.

BY CARL HEITZMANN, M. D., AND C. F. W. BÖDECKER, D. D. S., M. D. S.

CONTINUED FROM PAGE 66.

M. Pfluger (Deutsche Vierteljahrsschrift für Zahnheilkunde, 1867, page 167) gives a complete and concise record of the earliest literature of our subject, and we offer a translation of that portion:

“Eustach, in 1574, made the first discovery of the germs of the incisors and eye-teeth, but did not find those of the back teeth. He also stated that he found the tooth-sacs (Zahnfächer) filled with a substance appearing like plaster of Paris, by which the teeth were driven out of their sockets. After this time nothing was done till Leuwenhoek, in 1722, again made some microscopical examinations. In 1728 the development of the teeth was described by Fauchard, who stated that they grew in layers from inward to the periphery, and that the temporary teeth were provided with roots.

Reports of Society Meetings.

NINTH INTERNATIONAL MEDICAL CONGRESS, WASHINGTON, D. C.
SEPTEMBER, 1887.

SECTION XVIII, DENTAL AND ORAL SURGERY.

REPORTED FOR THE INDEPENDENT PRACTITIONER, BY "MRS. M. W. J."

CONTINUED FROM PAGE 87.

FRIDAY AFTERNOON SESSION.

Dr. W. W. Allport moved that, in order to hear all of the remaining papers, there be no more general discussion.

Dr. A. E. Baldwin hoped the motion would not prevail, as it would cut off those who might have valuable thoughts to offer. He thought it better to get all the good possible out of one paper than to hurry through many.

Dr. Atkinson agreed with Dr. Baldwin. There was no value in accumulating a great mass of material.

Dr. Allport withdrew his resolution.

A paper was then presented from Dr. E. Andrieu, Paris, president of the Odontological Society of France, on "The Sixth Year Molar." An abridged translation of the paper was read by Dr. L. D. Shepard, of Boston, Mass.

In this paper the first molar was considered as a "tooth of transition," whose period of usefulness is limited to the time of shedding the deciduous teeth. That it is not designed as a permanent tooth he considers proved by the fact that it originates in the epithelial layer like the other deciduous teeth, and not from a bud connected with the preceding teeth, the permanent second molar springing from the "deciduous" sixth year molar. The function of the latter he conceives to be limited to the work of defining the space to be occupied by the "teeth of replacement," and of maintaining the articulation at the desired height until the anterior teeth and the second molars are in place. After that he thinks it is not needed, and its retention injurious; that it should be extracted without hesitation, seventy-five out of every hundred decaying early and injuring the neighboring teeth as well as the general health. From his examination of one hundred mouths, he found only two adults with the four first molars in good condition; eleven

tion to attend the National Congress of Dentists in Paris, in 1889, which would be a grand occasion, where they would be received with a welcome such as he and his confrères had received at the present Congress. The profession in France were all united in tendering the invitation, and desirous of a large attendance.

Dr. John S. Marshall, of Chicago, read a paper entitled "Operation for the Cure of a Persistent Neuralgia of both Temporo-Maxillary Articulations, and Reflected Pain in the Right Brachial Plexus, of Eight Years' Standing, with Results." After enumerating a long list of causes of neuralgia, the case in hand was found to be a peculiar one, and due to mal-position of the parts from the removal of a large section of the maxillary bone, for an osteo-sarcoma, three years previously. The maxillary bone having been removed, from the first bicuspid nearly to the angle of the ascending ramus, an ugly cicatrix had been left, and the jaw carried back to the right until the median line was an inch from the centre. There had been fibrous union, but this afforded little support. The mouth could be opened only three-fourths of an inch, and the patient—a seamstress, forty-two years of age—suffered severe paroxysms of pain in the side of the jaw, extending to the shoulder and down the arm. She was wearing a full upper denture. The case was diagnosed by Dr. Marshall as one of phagedenic pericementitis, due to the contraction of cicatricial tissue, and he decided to make an operation for the relief of the mal-position of the jaw. Removing the fibrous tissue in the mouth, the jaw was carried back into proper position and the wound packed with sterilized sponge. The ~~1000~~ bichloride of mercury solution was used as a mouth-wash every two hours, and it was hoped that the sponge would organize. As long as the sponge remained in place there was no recurrence of the pain, but suppuration took place and the sponge had to be removed, when the pain returned in her shoulder, but not in her arm. Another method was then tried. A gold crown was fitted to the bicuspid, to which one end of a gold rod was soldered, the other end having a screw thread fitting a hole drilled in the ramus. The rod was one-eighth inch in diameter and one and one-eighth inches long, and held the jaw in its normal position. An artificial bridge denture was then constructed to fill the space and counteract the pressure of the bicuspid holding the rod. The first operation was made in March. On the 17th of May an incision was made externally, in

the line of the original cicatrix, with two objects in view; first, to try bone-grafting from the outside, and second, to get rid of the old scar tissue. A flap of periosteum was raised from the bone on one side, and from the ramus on the other, and sterilized sponge inserted, with drainage by strands of floss silk. This again suppurated, and the sponge was removed on the 29th. By the 17th of June the wound had healed, the screw in the ramus occasioning no inconvenience or irritation. On the 3d of September, however, in sneezing, the screw was displaced. The jaw had been carried back half an inch further, and the mouth opened much wider. The rod was consequently too short, and a half inch length of tube was soldered to the tooth, with a set-screw on the rod to hold it to the right length. In January the screw was still firm, with no inconvenience, but a marked improvement in the position and movements of the jaw, the mouth opening an inch and a half. An attempt at bone-grafting was again made, from the femur of a young rabbit. Twelve small pieces of bone, from two to six lines in length, were inserted in two rows across the gap. Every piece attached, and the wound healed without suppuration, and with no drainage; union remained perfect with the ramus, but at the other end necrosis set in after sixteen days, and further attempts were abandoned, owing to the debilitated condition of the patient. In July the screw was displaced in yawning, and the crowned bicuspid had become so loose it was removed. A heavy plate was then made of Weston's metal. There has been no recurrence of pain since May, 1886, but Dr. Marshall said he would have been better satisfied if the reproduction of bone had proved a success. The first sponge graft failed because of septic influences, it having been impossible to exclude the fluids of the mouth. The second failed from using pieces of bone larger than the tissues could nourish. This was an unfavorable opportunity for brilliant success, the patient being forty-two years old, and her vital energies much depressed from long suffering.

There are three principles to be borne in mind in bone grafting. First, thorough cleanliness, during and after the operation; second, pieces of bone must be very small and covered with periosteum; third, they must be taken from a young and growing subject. If he could have obtained a fœtus, or young child just dead, he would have tried human bone. The rabbit died under the effects of the

anæsthetics used. The bone to be used must be immersed in bi-chloride solution $\frac{1}{10}$ at the temperature of the body for five minutes.

Dr. Atkinson expressed his acknowledgments to the author of the paper for his faithful delineation of details. He had laid down clearly the principles involved in bone or sponge grafting, and had exposed the folly of the old methods of using any kind of drainage. Whenever we use drainage we open the way for retrograde metamorphosis—material to be wept out. He regretted that there was not a whole day in which to discuss so valuable a contribution. There was a little of the holding to effete traditions and inane quotations in trying to define what neuralgia is. It is not neuralgia when it is due to compression. After some further discussion of this subject the following papers were read by title :

“Articulation of Artificial Teeth,” by Dr. H. L. Cruttenden, of Northfield, Minn.

“Power in Dentistry,” by Dr. W. St. Geo. Elliott, of London, England.

“Porcelain Crowns,” by Dr. E. C. Moore, of Detroit, Mich.
Adjourned.

AMERICAN DENTAL SOCIETY OF EUROPE.

FIFTEENTH ANNUAL MEETING AT COBLENTZ, GERMANY,
SEPTEMBER, 1887.

REPORTED FOR THE INDEPENDENT PRACTITIONER BY DR. E. A. GALBREATH,
HANNOVER.

CONCLUDED FROM PAGE 91.

THURSDAY AFTERNOON SESSION CONTINUED.

The President announced a paper by Dr. Miller; subject “The Effect of Food upon the Teeth.”

Dr. Miller.—It is not my object to enter into a detailed account of the experiments I have been making on this subject, as they are not yet, by any means, completed. I have found the difficulties vastly greater than I anticipated, and instead of doing the whole work in six to eight months, as I thought I could in the beginning, it will require at least three or four years. The object of my experiments, as I stated at our last meeting, is to determine whether or